

**CITY OF BURLINGTON
DEPARTMENT OF RECREATION AND PARKS
YOUTH TEAM REGISTRATION FORM**

P.O. Box 1358, Burlington, N.C. 27216
phone (336) 222-5030 fax (336) 229-3106

(PLEASE PRINT) TEAM NAME: _____

SPORT: _____ **LEAGUE:** _____ **DIVISION:** _____

HEAD COACH'S NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BUSINESS PHONE: _____ **HOME PHONE:** _____

CHILD'S NAME (IF PARENT/COACH): _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

I AGREE TO RECEIVE PERIODIC E-MAILS FROM THE RECREATION DEPARTMENT: yes no

I PREFER TO RECEIVE INFORMATION BY E-MAIL RATHER THAN REGULAR MAIL: yes no

FIRST ASSISTANT COACH'S NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BUSINESS PHONE: _____ **HOME PHONE:** _____

CHILD'S NAME (IF PARENT/COACH): _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

SECOND ASSISTANT COACH'S NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BUSINESS PHONE: _____ **HOME PHONE:** _____

CHILD'S NAME (IF PARENT/COACH): _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

**PLEASE RETURN THIS FORM WITH YOUR PRACTICE REQUEST
THANK YOU FOR COACHING!**